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# THE Medical Examiner.

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VOL. XIII.

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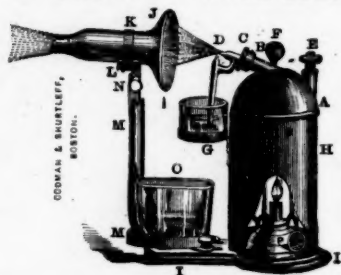


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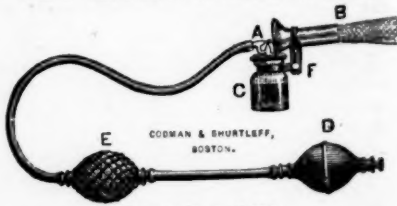
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THE COLLEGIATE YEAR in this Institution embraces a Preliminary Autumnal Term, the Regular Winter Session and a Summer Session.

THE PRELIMINARY AUTUMNAL TERM for 1872-73 will commence on Wednesday, September 18, 1872, and continue until the opening of the Regular Session. During this term, instruction consisting of didactic lectures on special subjects, and daily clinical lectures, will be given, as heretofore, by the members of the Faculty. Students desiring to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. During the Preliminary Term clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.

THE REGULAR SESSION will commence on Wednesday, October 16th, 1872, and end about the 1st of March, 1873.

### FACULTY.

ISAAC E. TAYLOR, M. D., Emeritus Professor of Obstetrics and Diseases of Women and Children, and Pres't of the College.  
JAMES P. WOOD, M. D., LL. D., Emeritus Prof. of Surgery.  
FORDYCE BARKER, M. D., Professor of Clinical Midwifery and Diseases of Women.  
AUSTIN FLINT, M. D., Professor of the Principles and Practice of Medicine and Clinical Medicine.  
FRANK H. HAMILTON, M. D., LL. D., Professor of Practice of Surgery with Operations and Clinical Surgery.  
LEWIS A. SAYRE, M. D., Prof. of Orthopedic Surgery and Clinical Surgery.  
ALEXANDER B. MOTT, M. D., Professor of Clinical and Operative Surgery.  
W. H. VAN BUREN, M. D., Prof. of Principles of Surgery with Diseases of the Genito-Urinary System and Clinical Surgery.  
WM. T. LUSK, M. D., Prof. of Obstetrics, Diseases of Women, Diseases of Infancy and Clinical Midwifery.  
WM. A. HAMMOND, M. D., Professor of Materia Medica and Therapeutics, Diseases of the Mind and Nervous System and Clinical Medicine.  
AUSTIN FLINT, Jr., M.D., Prof. of Physiology and Physiological Anatomy, and Secretary of the Faculty.  
ALPHEUS B. CROSBY, M. D., Prof. of General, Descriptive and Surgical Anatomy.  
R. OGDEN DOREMUS, M. D., Professor of Chemistry and Toxicology.

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EDWARD L. KEYES, M. D., Surgeon to the Charity Hospital, etc.; Professor of Dermatology, and Assistant to the Chair of Principles of Surgery, etc.  
EDWARD G. JANEWAY, M. D., Physician to Bellevue Hospital, etc.; Professor of Pathological and Practical Anatomy. (Demonstrator.)

A distinctive feature of the method of instruction in this College is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every week-day, except Saturday, two or three hours are daily allotted to clinical instruction. The union of clinical and didactic teaching will also be carried out in the Summer Session, nearly all of the teachers in this Faculty being physicians and surgeons to the Bellevue Hospital and the great Charity Hospital on Blackwell's Island.

The Summer Session will consist of two Recitation Terms: the first from March 17th to July 1st, and the second, from September 1st to the opening of the Regular Session. During this Session there will be daily recitations in all the departments, held by a corps of examiners appointed by the Regular Faculty. Regular clinics will also be held daily.

### FEES FOR THE REGULAR SESSION.

Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures... \$140 00  
Matriculation Fee..... 5 00  
Demonstrator's Ticket (including material for dissection) 10 00  
Graduation Fee..... 30 00

### FEES FOR THE SUMMER SESSION.

Matriculation (Ticket good for the following Winter).... \$5 00  
Recitations and Clinics..... 35 00  
Dissection (Ticket good for the following Winter)..... 10 00

For the Annual Circular and Catalogue, giving regulations for graduation and other information, address the Secretary of the College, Prof. AUSTIN FLINT, Jr., Bellevue Hospital Medical College.

## Chicago Medical College.

The regular Annual Lecture Term in this Institution will commence on the first Monday in October, and continue until the second Tuesday in March following. Clinical Lectures *daily* throughout the term.

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Dissecting Ticket.....	5 00
Hospital Tickets.....	\$5 00 to 6 00

The Summer Reading and Clinical Term commences on the first Monday in April, and continues until the first Monday in July, and is free to all matriculated students of the College. Boarding, \$3.50 to \$4.50 per week. For further information, address

E. ANDREWS, M.D., Sec'y of the Faculty.

## IOWA STATE UNIVERSITY

## MEDICAL DEPARTMENT,

IOWA CITY, IOWA.

## SESSION OF 1872-73.

PRELIMINARY TERM will commence October 9th, and continue until the opening of the regular term.

THE REGULAR SESSION will commence October 23d, 1872, and continue until the first Wednesday of March, 1873.

## FACULTY.

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GUST. HINRICH, A.M., M.D., Iowa City, Professor of Chemistry and Toxicology.

W. F. PECK, M.D., Davenport, Professor of Surgery, *Dean of Faculty*.

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P. J. FARNSWORTH, M.D., Secretary,

CLINTON, IOWA.



**Original Communications.****TOPOGRAPHY, CLIMATE, AND DISEASES OF WASHINGTON TERRITORY.**

*Read before the Clark Co. Medical Society,  
July 3d, 1872.*

BY F. R. PAYNE, M.D., MARSHALL, ILL.

[Published by Order of Society.]

During the last year we visited and spent several months in Washington Territory, and formed the acquaintance of all of the leading physicians of that far-off land.

The western portion of that Territory is generally covered with a dense and very large growth of fir and cedar trees; occasionally we found a small sandy prairie, almost worthless for farming purposes. The fir and cedar is from one to three hundred feet high and six inches up to eight feet in diameter. This tremendous timber grows upon the sand and gravel hills and spurs of mountains. There are many rivers, but the bottoms of these streams are only from one fourth to one mile in width; rich alluvial and peat soil, upon which cedar grows luxuriantly and in mammoth proportions; the fir seems to flourish best on the sandy and gravel ridges. The bottoms of the rivers are subject to overflow, but very little injury is done to the farming lands by these annual inundations. Miasmatic diseases are unknown in that country; the summers being cool, and hill lands principally sand and gravel, miasmatic poison is not generated. The capital, Olympia, is a flourishing little city of about eighteen hundred inhabitants, situated at the head of Puget Sound, one hundred and eighty-five miles from the Pacific Ocean by water, but on a straight line westward by land, not over seventy-five miles. This dense forest between the cascade and coast ranges of mountains is about three hundred miles long and one hundred and twenty-five wide—is called Western Washington. A large proportion of this territory is worthless for agricultural purposes, but we find many rich strips of black alluvial and peat soil, from two feet to ten in depth,

in the river bottoms and low grounds between the hills. There are also cranberry swamps, many of which are easily drained, all of which are very fertile. In all of these low grounds the water is supplied by mountain springs, consequently, no poisonous elements are produced by decomposition of vegetable matter.

The climate of this region during the summer and fall is delightful; no winds or excessive heat; venomous reptiles and insects are unknown; the days are pleasant and nights quite cool, sufficiently so to prevent the growth and prosperity of mosquitoes and frogs, the stings and music of which are not felt or heard in that far-off land. Puget Sound is abundantly supplied with all kinds of salt water fish, oysters, clams and crabs, which furnish cheap food for the inhabitants, and especially Indian tribes. Puget Sound proper, which extends from Seattle to Olympia, a distance of fifty miles, is the finest harbor perhaps in the world. It is from one to two and a half miles wide, with ample water for the largest class of ships and steamers, and no rocks or hidden obstructions. The mariner feels perfectly safe when his vessel reaches this magnificent harbor.

The summers are so invigorating and lovely, that during that portion of the year there is but little sickness, but the winters are very wet. The annual rain fall generally begins the first of November and continues with slight interruptions until about the first of May. Although in forty-seven and eight degrees north latitude, there is very little cold weather, yet from our own observations and what we could learn from the best physicians in that country, during the winter and spring months they have a great deal of sickness. The wet weather and damp atmosphere during the winter and spring is very productive of rheumatic fevers, and in that region there is no thunder and lightning, consequently very little if any electricity. This fact doubtless explains the frequent occurrence of rheumatic forms of neuralgia and nervous diseases generally. We witnessed many cases of partial paralysis, lumbago, spinal irritation and other forms of nervous

disorder. There are a great many cases of amenorrhœa and emansio-mensium, a large majority of which result fatally. More than half the young girls die from suppression and retention of the catamenial flow, and the consequences resulting from this abnormal condition of the system. Drs. Rufus Willard and A. H. Steele, intelligent physicians, who have resided in that country for many years, and nearly all the time at Olympia the capital, were very communicative and gave me much reliable information in regard to the diseases of that territory. Many of the inhabitants are a mixture of the Anglo-Saxon and Indian, and a large majority of the half-breed girls die from emansio-mensium and its consequences. They are full of life and vigor until the age of puberty; then gradually pine away and die. Some never menstruate, while others have a slight flow, and then disease of the lungs, and low forms of fever supervene, causing the systemic waste to be much greater than the supply, and great emaciation and death is the result. In the first settlement of the north-west, the Hudson Bay Company formed intimate commercial, and to some extent social relations with the Indian tribes of Oregon, Washington Territory and Vancouver's Island. Many white men married squaws and now have large families, and have by prudence and industry become quite wealthy, and are now educating their children; but all careful observers are fully satisfied that this mixture of races results in an unhealthy and short-lived offspring. We had the pleasure of visiting a number of Indian reservations, and on the Skokomish river, near the head of Hood's canal, we spent several weeks. Mr. Eells, a congregationalist, and very worthy man, is superintendent, and the physician in charge is Dr. W. Price. At this point they have nine or ten hundred Indians, and Dr. Price is a conscientious man who is trying to relieve them from the terrible diseases which have been introduced among them by vile and unprincipled white men. A large proportion of this tribe (and we learn that the same is true with all,) are suffering with the worst and most loathsome forms of syphilitic disease. We will present

you with the treatment of Dr. Price, who has had many years of experience in managing this disease on the frontier, and among these degraded people. He first prepares the system and then gives them freely the *Liquor Arsenici et Hydragryri Iodidi*. This seems to have a very happy effect, and to use the language of Dr. Price, "there is no remedy in the materia medica that will have such universal good effects in this loathsome disease." He informed me that he had used it in hundreds of cases and was delighted at the good results. In many of these Indian tribes the entire system is saturated with syphilitic poison. They have it in all forms, primary, constitutional and tertiary, and in the latter form many of them present a horrid appearance; ulcerated throats, dark blotches, pains in the bones, nodes, buboes and exceedingly offensive soft chancre. Many of the tribes on the Pacific slope are rapidly dying out from the effects of this and other contagious diseases. Their nomadic lives and filthy mode of living renders it almost impossible to secure the beneficial effects of remedial agents.

It may interest many of the members of this society for me to briefly refer to the historical origin and spread of syphilitic diseases. Its origin is lost in the remotest antiquity, and its early investigations were instituted from religious motives and pronounced a punishment inflicted by God for the extraordinary sexual transgressions of mankind. Still later it was viewed from a political standpoint, and was used to gratify national animosities. The French called it "*Mal de Naples*," the Italians "*Mal Francese*," and the Germans "*Franzosen*." The Spanish charged the American Indians for inflicting their people with this loathsome disease, and plead this as justification for their cruel and inhuman treatment of that ignorant and degraded race.

The history of syphilis is divided into three periods—the first extending to the close of the fifteenth century, the second to the time when Fernel discovered that it was propagated by a specific poison, and the third period extends to the present day.

In the books of Moses we find allusions to contagious discharges from the urethra. It is contended by many able men that true syphilitic poison was transmitted to man from the brute creation, like glanders and small-pox. We find similar allusions in the writings of ancient Greek physicians. Hippocrates speaks of ulcers of the sexual organs, pustules of the penis, and many other diseases of the sexual organs which clearly indicate syphilis. Celsus, Galen and other ancient writers describe every variety of chancre and other forms of disease which was communicated to man by unclean females. In 1556, Fernel clearly demonstrated that syphilitic diseases originated in a specific poison, and was strictly a contagious disease. He deserves the credit of eradicating from the minds of thousands the absurd belief in astrological, cosmic or teleological ideas.

In looking over the history, origin and progress of this terrible malady, and what we have witnessed during the past year, the aborigines of America have suffered more with its ravages than any other people on earth. It is no stretch of imagination for us to predict that without a higher degree of Christian civilization, the day is not far distant when the original inhabitants of this continent will become extinct.

We formed the acquaintance of the Superintendent of the Insane Asylum which is now permanently located at the town of Steila-coom. He is a competent and worthy man. There were sixty-seven patients in the Asylum, which is very large for the number of inhabitants. The cause of this vast amount of insanity is not well understood.

From our own observations and what we could learn from the physicians of that country, we are of the opinion that the inhabitants suffer more with diseases of the kidneys than they do in milder climates. The cause of this is that the summers are quite cool—frost almost every month of the year—consequently, there is but very little visible perspiration, forcing upon the kidneys double duty.

We have presented a brief account of the topography, diseases and climate of Wash-

ington Territory. There is a great deal that might be said in regard to that country, but we have not time to enter into details. At some future day we will give some account of Oregon, California, their diseases, medical schools, and other matters which may interest the profession.

## REPORT OF TWO CASES OF SPINAL MENINGITIS.

*Read before the Clark County Medical Society, July 3d, 1872.*

BY DR. F. H. JENNINGS, JR., OF MARSHALL,  
CLARK COUNTY, ILLINOIS.

(Ordered Printed by the Society.)

*Case 1st.* A female child, aged seven years, previously hearty. Monday, May the 27th, looked pale and refused breakfast; went to bed; said she had pain in the head and back. Her stomach became irritable, which was soon followed by vomiting a bilious matter; her pulse became quick and irregular; temperature of the body, high; bleeding at the nose, pupils dilated, constipation of the bowels, and partial opisthotonos; these symptoms yielding to the following treatment:

Purgatives: Calomel, quinine and iron, blistering over the region of the spine, sinapisms to the inferior extremities, and cold to the head.

On June the 9th she relapsed by exposure and neglect; symptoms assumed a more grave character: Strabismus of right eye, partial paralysis of right side, confused memory, loss of speech, and involuntary evacuations from the bowels, urine high color, but no distended bladder, constipation of the bowels, hypersæsthesia, and convulsions.

Treatment: Blistering to the spine, sinapisms to the extremities, and cold to the head.

R Iodide Potassa, }  
Bromide " } a. a. 3 ss.  
Aqua, Fontana, f 5 ij. m.

Dose: One teaspoonful every four hours. Continued recipe three days, to no favorable result; ordered discontinued.

R Hyd. Sub. Mur. gr. ss.  
 Pulvis Opii gr.  $\frac{1}{4}$   
 Pulvis Camphora, gr. ss. m.

S. One powder every three hours, with the addition of solution of strychnia; symptoms better.

By the advice of my esteemed friend, Dr. F. R. Payne, solution of strychnia discontinued and substituted elixir Ferri, calisaya and strychnia. She continued to improve slowly and was taking nourishment. By the protractedness and tediousness of the case, and the interference of meddling persons destitute of manly principles, she fell from my hands. While penning these lines, I learn from the parents that she relapsed the second time, and is still having those horrible convulsions almost daily, and that the attending physician gives it as his opinion that it is rotten worms in the bowels, and that she has no symptoms of spinal meningitis and never had.

*Case 2d.* Was a male child aged five years, previously healthy. June 1st was taken with pains in the head, stiffness of the neck, pain in the back, vomiting; temperature of the body high, tongue coated with brown fur, and edges red, pupils dilated, constipation of the bowels, pulse quick and regular.

Treatment: Purgatives—calomel quinine and iron. Blistering to the spine, sinapisms to the extremities, and cold to the head, under which treatment he improved, but afterwards relapsed under the same circumstances as case No. 1. Symptoms then assumed a more grave character, complete opisthotonos, dilated pupils, pain in the head and back, vomiting, and diarrhoea, with distended bladder, and a purple eruption extending over the body, which lasted for two days.

R Hyd. Sub. Mur. gr. ss.  
 Pulv. Ip. et Opii gr. ij.  
 Pulv. Camphora gr. ss. m.

S. One powder every three hours, with the addition of elixir ferri calisaya and strychnia. As a diuretic, I ordered spirits nitre, dulc. gttss. 10 every hour.

Local treatment: Blistering to the spine and cold to the head, under which treatment he continued to improve, but I lost the opportunity of witnessing the realization of my most sanguine expectations as the result of the foregoing treatment by the same intermeddling persons as in case No. 1.

### Clinical Reports.

#### HYDROPHOBIA WITHOUT KNOWN INOCULATION OR POISONING—A CASE.

SERVICE OF PROF. DAVIS, IN MERCY HOSPITAL.

*Reported by S. — —.*

Yesterday, (Jan. 24th, 1872,) at 12 o'clock M., a patient was brought into the Hospital reported to have Hydrophobia. It was a laboring man, aged 28 years, named George Ryder. He was medium size, rather robust in appearance, and had been employed as engineer in charge of the engine in the baking house of a Mr. Bowes. It was reported that for two nights previous to his attack of sickness he had been engaged nearly all the nights at parties, dancing and engaging in the excitements usual to such occasions, and yet attending to his work during the day. It was learned from himself that he had formerly practiced masturbation freely, and had since been subject to involuntary seminal emissions. Neither himself or friends had any recollection that he had ever been bitten by dog or cat or any animal that could have been rabid. About ten days since, he had been vaccinated, which had produced an unusually large sore on his arm, still in active progress at the time of his admission. The operation of vaccination was accompanied by syncope. These are all the facts we have been able to gather concerning the history of this man prior to the attack of his present sickness.

Little more than twenty-four hours before he was brought to the hospital, his countenance became dejected, mind despondent, and slightly wandering, particularly suspicious



and apprehensive. At frequent intervals he seemed to have a sense of choking or spasmodic action of the muscles of the throat, increased by attempts to drink. At times his face would be deeply suffused, his manner excited and restless, with incoherent talking, and at other times more quiet and entirely rational. These symptoms steadily increased in severity, until his spells of flushing and excitement became violent paroxysms of convulsions, characterized especially by spasmodic action of the muscles of respiration and deglutition. He soon refused all attempts to swallow liquids, and the sight or sound of water evidently aggravated all the spasmodic phenomena.

It was in this condition that he was admitted to the hospital at noon yesterday. When we saw him, one hour later, his face was still somewhat flushed; the prolabia blueish; hands and feet cool, and capillaries congested with dark blood; expression anxious and dejected; pulse 110, weak; bowels had been freely moved; urine rather scanty and high colored; moderate hyperæsthesia, especially over the abdomen; with severe spasmodic paroxysms at intervals varying from ten to forty minutes, accompanied by severe choking and mental excitement. In the interval his mind dwelt much on religious subjects and seemed to be annoyed with the idea that those around him doubted his sincerity. He could not be induced to swallow liquids, and always appeared greatly excited on the approach of water. Efforts were made to relieve his suffering and prevent the spasmodic paroxysms by hypodermic injections of sulphate of morphia, and the use of drachm doses of tincture of calabar bean, administered per rectum. Although the doses of morphia administered hypodermically were increased to two-thirds of a grain, and between four and five grains used during the fifteen hours that the patient was under treatment in the hospital, neither this nor the calabar bean, administered by the rectum, appeared to exercise any influence over the progress of the disease. During the last eight hours of the patient's suffering, D. A. K. Steele, one of the senior students who

aided in taking care of him, made the following memoranda:

11 o'clock P. M. Patient is lying pretty quiet; talks as if we doubted his sincerity; prays incessantly, and asks the prayers of others.

11.30 P. M. Exhibits abnormal sensitiveness to sounds, with constant elevation and depression of eye-brows. Gave hypodermic injection of morphia.

12. Very uneasy and restless; respiration irregular; pulse small and feeble.

12.30 A. M. Continues same. Gave an injection containing one fluid drachm of tincture of calabar bean.

1 A. M. Has a slight convulsive paroxysm.

1.30 A. M. Talks rationally and is more quiet.

2 A. M. Is more restless. Gave hypodermic injection of morphia.

2.20 A. M. Had a moderate passage from the bowels and urinated somewhat spasmodically.

2.40 A. M. Had a more copious evacuation from the bowels, with much fetid gas.

3 A. M. Mind clear; sits up in an easy chair and talks much on general topics.

3.25 A. M. Had another stool.

3.45 A. M. Had been more restless and excited. Gave a hypodermic injection of morphia.

4 A. M. Had a severe spasmodic choking paroxysm, and made desperate efforts to jump out of the window.

4.30 A. M. Paroxysms continue, but lighter.

5 A. M. Shows symptoms of a severe paroxysm approaching; begs us to handcuff him—not to let him harm us; is partially delirious; asks to be shot.

5.15 A. M. Has a terrible spasm, requiring all the efforts of Dr. Waite and myself to keep him from doing himself harm. Shrieks; froths at the mouth; noise in his throat resembling the snapping of a dog; eyes glassy; circulation rapidly failing; no pulse at the wrist. Gave hypodermic injection of morphia.

6 A. M. Continues to have spasms every

few minutes. Begs to be put out of his misery.

6.30 A. M. Paroxysms more violent.

6.45 A. M. Fast sinking.

7 A. M. Death, apparently from syncope.

Such is the brief history of this case. The patient was seen by two or three intelligent physicians before he was brought to the hospital, and by several members of our college faculty, including Professor Andrews, while here, and all agree that the symptoms throughout were those of well-marked hydrophobia. It is reasonably certain, however, that they were not induced by the bite of any rabid animal. Was there some peculiar animal poison absorbed from the large and unhealthy vaccine sore on his arm? Or did the excitement of dancing parties at night and work during the day, coöperating with the disturbing influence of the vaccine virus establish the irritation of the nervous centers on which the violent symptoms depended? Can hydrophobia be induced without the agency of a specific virus derived from a rabid animal? These are interesting questions suggested by the case under consideration, but which are not easily answered. Some have claimed that hydrophobia is simply a peculiar affection of the cerebro-spinal nervous centers, and have expressed doubts about the existence of any such poison as rabies. The facts pointing to the existence and destructive influence of such a poison, are too numerous, however, to admit of reasonable doubt. And yet we are compelled to admit that cases presenting all the phenomena of hydrophobia have occurred that could not be traced to the introduction of any such poison. Such is, indeed, the case before us.

A *post mortem* examination having been made in this case, we present you the brain and its membranes, the medulla oblongata and two inches of the spinal cord. There is no noticeable effusion of any kind, either upon the surface or into the ventricles of the brain. Neither is there more than slight appearances of increased vascularity in the pia-mater covering the upper, anterior, and lateral parts of the hemispheres; but you see that portion

of the membrane covering all the base of the brain most intensely and beautifully injected with red blood; and as we separate the convolutions of the base of the middle lobes, a slight degree of adhesion from the exudation of plastic lymph is discernible; and in slicing off portions of the convolutions, the gray substance exhibits distinct increased vascularity. These evidences of inflammatory action and hyperæmia are most marked over the base of the right hemisphere, dipping deeply into the sulcus leading to the bottom of the right ventricle and over the pons veroli and medulla oblongata. It is to this local inflammatory condition of the membrane and base of the brain, including the important nervous centers of respiration and muscular motion, that we must attribute the sickness and death of the patient. And we are inclined to think the true cause of such local inflammation is suggested by the second question of the three which we stated a few moments since. We have been told that one physician who saw the patient in the incipient stage of his attack, strongly recommended general bleeding, and judging from the *post mortem* appearances, it is highly probable that such practice would have been beneficial at that stage. But the functions of the base of the brain and medulla oblongata, are so intimately connected with the maintenance of respiration and circulation, that acute attacks of disease involving those parts will always result in a high ratio of mortality, regardless of treatment.

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### Domestic Correspondence.

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#### LETTER FROM TENNESSEE.

KNOXVILLE, Tenn., May 13, 1872.

*Editor of Examiner:* Our winter was unusually protracted; and, consequently, many who were unprotected from cold, suffered. In January, catarrhal and bronchial affections were almost universal, affecting all classes and conditions, more or less. As usual, however, the poorer people suffered most, and particularly the blacks. Broncho-

pneumonia was quite prevalent, and, in many cases, lingered, finally proving fatal. Whooping cough has been unusually scarce in consequence of complications usually seen in spring. There has been more asthenia attending disease for the last six months; and tonics are generally called for.

Menstrual irregularities have been very common. Both amenorrhœa and menorrhagia are daily met with; and uterine diseases still continue frequent. In menorrhagic and leucorrhœal conditions of the womb, I have lately used ergot with great benefit.

In conjunction with bromide and iodide of potassium, according to individual indications, it has proved unfailing in giving relief to the usual dragging pain in the lumbar region, and in checking inordinate flow, both of blood and the usual catarrhal secretions. Coupled with uterine "weaknesses," is commonly found constipation from torpor of the large intestines; and the combination of aloes with other agents has generally been attended with satisfactory results. Ext. belladonna, in doses of from one-fourth to one-half grain, I have found useful in the constipation of females as well as males.

The Knox County Medical Society holds meetings on each alternate Friday night; and, with a few exceptions, a paper has been read and its contents discussed at each meeting.

The rapid disintegration of the lungs in colored girls at puberty, to which I have at former times alluded, still continues common. In looking over the medical literature of the Southern States, I find frequent allusions to this affection, which is known as African consumption. It is generally accompanied with more or less mesenteric disease, in the form of enlargement of the glands. The mesenteric complication is very common in cases of broncho-pneumonia of young children among the blacks. The mortality among the colored population is fearful; and I am inclined to think that at least one-half the children die before they are two years old. Those having a mixture of Anglo-Saxon blood, are universally less enduring; and the bleaching process appears destructive to

the race. There is much less sickness among the unmixed, of all ages; but we see quite a proportion of the children born during the last ten years, with white blood in their veins. I may be intruding upon the province of those particularly interested in social science, to enlarge farther upon this point.

Having been engaged, of late, in compiling facts relative to the early surgery of East Tennessee, I find some very interesting items. I met, this morning, with Dr. J. G. M. Ramsey, the historian of Tennessee, who commenced practice in this town in 1820. In mentioning the name of an old pioneer physician of this region (Dr. Wright), he alluded to his plan of arresting arterial hæmorrhage in a case of incised wound of the foot, in which he poured a stream of boiling water from a tea-kettle upon the bleeding vessel. The blood was immediately stopped. He also mentions a traditionary account of the manner of treatment employed by an uneducated practitioner during the war of the revolution, in the case of a gunshot wound extending into the abdominal cavity. By reason of hæmorrhage, the cavity was filled with coagulum before reaching the man. He took equal quantities of warm milk and water, and poured it through a funnel into the cavity, and directed that the patient be rolled gently from side to side, which had the effect to dissolve the clot, and render it practicable to remove it. Then, placing the man upon his face, the whole was allowed to run out; and thus, by a diluting and rinsing process, he saved the life of the sufferer. The Doctor was unlearned in surgical authority, and only followed the dictates of common sense in the case.

For about a half century after the first settlement of this region, there was but little intercourse with the Atlantic cities; and medicine, as well as everything else, was primitive and simple.

Among the earlier physicians that settled in East Tennessee, was Dr. Joseph C. Strong, who graduated at New Haven, Conn., engaged as Surgeon in the United States Navy, till his health failed, and he finally made his way hither, locating in Knoxville about the

year 1805. Dr. Strong built almost the first brick house, which now stands, after about fifty years, in a good state of preservation. An old lady died here about a year ago, who, for more than forty years, took the lead in midwifery. She was employed extensively among the slave population, as well as in the white families. In ordinary cases she was employed, and physicians called in if any complication occurred.

Since the war, midwives are less employed than formerly; but still many women, as in all places, hold themselves in readiness to attend their suffering sisters in child-bed.

Puerperal diseases are not common here; and it is very seldom that a woman dies during or after confinement.

There are not far from twenty regular physicians in the city, five homœopaths, and some low quacks, who cannot be well classified. There is one lady physician claiming to be a graduate from a woman's Medical College in Philadelphia.

Many of the patrons of the homœopaths are people from the North, who either employed them before coming, or call upon them here through fear of the "strong medicine" which they are told Southern physicians give.

It is amusing to hear the various reasons given by way of apology for swallowing the pretended "system" as well as pellets. Some will say they have no confidence at all in the doctrine or practice, but at once, like our father Adam, say, "the woman beguiled me." Thus they attempt to wipe from their cheeks the blush of shame which mantles them, while pleading guilty to their want of decision.

F. K. BAILEY.

#### A CIRCULAR.

*To the Medical Profession:* The undersigned was appointed, at the last Annual Meeting of the Illinois State Medical Society, a committee to report at the next Annual Meeting of the Society, upon the subject of Galvano-therapeutics.

The accomplishment of the object of the appointment will be aided by physicians who

may send for treatment obstinate cases of serofulous or cancerous tumors, rigid palsy, and stiffness or deformity arising from rheumatic deposit.

Much interest has lately been excited by the success of the continuous galvanic current, of great quantity and low intensity, in resolving growths and deposits of low vitality.

Neuralgia, depending upon perverted or diminished nutrition of nerves, has proved remediable by this agent.

The instrument now in use for these investigations is one of 32 cells, of platinum and zinc combination, made by Curt W. Meyer, of New York, and one of 100 cells, made by the New York Galvano-faradic Manufacturing Company, furnishing a much greater quantity, without great increase of intensity.

It is hoped that by these appliances, employed in the treatment of a great variety of cases, some progress may be made in determining the real value of galvanism, and the peculiarities which render cases remediable or intractable.

Very truly yours,

DAVID PRINCE.

JACKSONVILLE, Ill., June, 1872.

PRIMARY MEDICAL INSTITUTE.—We have received the Second Annual Circular of the St. Paul School for Medical Instruction. The men engaged in this school are reliable, and its objects highly commendable. They are well stated in the following paragraph from the circular:

The object of this school is not to represent, or in any way take the place of a regular *College*, but to prepare students for a better understanding of the lectures which they will hear in the *College* course, and to drill them more thoroughly in the elementary branches than can be done in the short time allowed by *Colleges* for instruction, and the arrangement of terms of study will be such that they will not interfere with the winter course of the *Chicago Colleges*.

Students on arriving in St. Paul will call at once on the Secretary, who will assist them in finding board, etc.

For any further particulars, address

ALEX. J. STONE, M.D., *Secretary*,  
34 Jackson st., St. Paul, Minn.



THE  
MEDICAL EXAMINER.

*A Semi-Monthly Journal of Medical Sciences.*

EDITED BY

N. S. DAVIS, M. D., AND F. H. DAVIS, M. D.

Chicago, July 15th, 1872.

EDITORIAL.

CLINICAL INSTRUCTION.—At the commencement of the next annual course of instruction in the Chicago Medical College, Medical Department of North-Western University, the regular system of Clinical Instruction in the Mercy Hospital and Free Dispensary will be extended in such a manner as to greatly increase the advantages of the students. The daily general clinics in the medical and surgical departments of the Mercy Hospital will be given as usual; but in addition there have been organized in connection with the Dispensary, three daily special clinics, designed for classes of students numbering not more than six or seven each. One of these special clinics will be surgical, embracing diseases of the eye and ear; another gynecological; and the other medical, embracing diseases of the chest and air-passages, with physical diagnosis. The whole clinical class will be divided into these small sub-divisions, and each afforded an opportunity to attend a proper period of time, the special clinics in succession, thereby enabling every member of the general clinical class to have that individual training in all the details of the examination of patients and the use of instruments which cannot be obtained in large classes. The close connection of the College Faculty with the Hospital and Dispensary, and the location of these institutions upon the same lot with the college, enables them to perfect a system of clinical instruction, embracing important details that cannot be obtained in any of the schools, either in the Atlantic cities of this country or in Europe, without paying extra fees for special courses of instruction.

A CARD.—For the information of the profession, the undersigned would state, that from this date he will take charge of no more patients as an attending physician, but will confine himself entirely to office and consultation practice.

As the first half of the day, from 8 A.M. to 1 P.M., is spent in the office, it is desirable that, as far as practicable, all messages desiring consultation out of the office, should be sent within the hours named, as they can during that time be seen at once and properly answered.

N. S. DAVIS,

Aug. 1, 1872.

797 Wabash Ave.

Society Reports.

CLINTON COUNTY MEDICAL SOCIETY.

The Society met at Camanche in regular quarterly session, July 16th, in the office of Dr. Ireland, and at 11 A. M. was called to order by the President, Dr. D. Langan. The Secretary being absent, Prof. P. J. Farnsworth was appointed Secretary, *pro tem*.

The following members responded to the roll call:

Dr. D. Langan,	De Witt.
" A. W. Morgan,	"
" Willis Butterfield,	"
" C. H. Lothrop,	Lyons.
" G. W. Witherell,	"
" P. J. Farnsworth,	Clinton.
" H. J. Hobart,	"
" A. B. Ireland,	Camanche.
" Charles D. Manning,	"

The minutes of the last meeting read and approved.

The business next in order was the report of Special Committees. The Committee appointed to report to the State Society on a bill for the protection of physicians and surgeons, reported progress, and the Committee, consisting of Drs. Farnsworth, Lothrop and Morgan, was continued.

The Committee on revision of the fee bill reported progress and was continued.

The bill of Dr. Reynold for Secretary's books, seals, &c., was allowed and ordered to be paid. The Society then adjourned till 1½

P. M., and, on invitation of Dr. Ireland, the members repaired to the New Haven House for dinner.

At 1½ P. M. the Society was again called to order and listened to an able essay on Sun-Stroke by Dr. G. W. Witherell, of Lyons. The subject was peculiarly appropriate at this time, on account of the occurrence of so many fatal cases, and the discussion was correspondingly spirited. Dr. C. D. Manning exhibited a pathological specimen—an ulcerated vermiform appendix, obtained by a *post mortem*, made by himself and Dr. Ireland, and Dr. Ireland referred to the great benefits which the community and the profession derive from *post mortem* examinations.

Vice-President Hobart took the Chair while Dr. Langan, delegate to the American Medical Association which met at Philadelphia last May, read a report of the proceedings of the Association, which showed that its last meeting had been one of the largest and pleasantest ever held. On motion of Prof. Farnsworth a vote of thanks was tendered Dr. Langan for representing the Society at the American Medical Association, and it was moved by Dr. Ireland that the report be filed with the Secretary of the Society.

The following gentlemen were appointed to present articles at the next meeting in Lyons:

Dr. A. W. Morgan, on Dislocation and Reduction of the Hip Joint.

Dr. P. J. Farnsworth, Duties of Physicians to each other.

Dr. C. H. Lothrop, Cerebro-Spinal Meningitis.

Dr. Willis Butterfield, New Remedies.

Dr. A. B. Ireland, Obstetrics.

Dr. C. D. Manning, Gelseminum.

On motion thanks were returned to the officers of the C. & N. W. R. R., and to Mr. A. Townley in particular, for accommodations extended to members.

The Society then adjourned, having enjoyed a re-union which keeps the members in fraternal relations with each other, and stimulates them to greater enthusiasm in the profession, while it assists them to exchange facts and observations, and, of course, improvement in medicine affects the public generally. \*

### Gleanings from Our Exchanges.

For the reduction of strangulated hernia without operation, Sir James Paget lays down the following general rules:

In cases, for instance, when the patient vomits fecal matter and has peritonitis, or is in collapse, with a small, rapid pulse, hic-cough, or other such extreme signs, there should be no attempt at reduction without operation.

When the coverings of the hernia are so inflamed as to make it probable that sloughing or suppuration has taken place beneath them, reduction should not be attempted without operation; and even when less inflamed, none but slight and brief efforts at reduction should be made.

The longer the signs of strangulation have existed the shorter should be the efforts at reduction, but the intensity of pain in recent or acute hernia should not deter one from making the attempt.

In a hernia which has been habitually irreducible and becomes strangulated, you should operate at once. It is a safe rule of practice that, after a warm bath and a few hours' rest in bed, a single attempt at reduction should be made; should this fail, chloroform or ether should be given, and then in some cases, but not in all, a second attempt made; this failing, the operation should be performed while the patient is still insensible.

The hot bath is useful in all cases that are not bad, unless in old and feeble persons; the patient should be simply soothed or relaxed in the bath, then wrapped in warm blankets, put into bed lying on his side or his back, with his knees drawn up, or with his pelvis a little raised, and then after an hour or two of complete rest to attempt the reduction. The employment of rest and the bath is helped by opium when the hernia is painful. In the old, and others who may have had inactive bowels long before the strangulation, an enema of a large quantity of liquid should be used. Purgatives should not be used if there are marked symptoms of strangulation.

After the warm bath and rest have been tried, you may give chloroform or some other anæsthetic. In making the attempt at reduction you must be gentle and self-restraining, mindful of the delicacy of some of the structures you are handling, and that you may do them much more harm than would come of the operation which you are trying to arrest. These cautions are the more necessary because when the patient is under chloroform, you have nothing but your own sense and senses

to tell you how far you may go without doing harm. Chloroform is most useful in the herniæ of which the difficulty of reduction is chiefly due to muscular resistance, in the recent, or in the recently much enlarged; in the inguinal more than in the femoral; and in these more than in the umbilical; in the painful more than in the painless. In herniæ that have only recently come down, and are intensely painful, it is right to use chloroform or ether without waiting for the influence of the warm bath, but more commonly, if there be danger in waiting three or four hours, it is because strangulation is so far advanced that the operation ought to be done without any previous attempts at reduction.

After the warm bath, rest, and chloroform have been tried, and the reduction is not accomplished, and strangulation exists, you should operate while the patient is still under the influence of chloroform; but if strangulation is not present you may wait, but must watch patiently, for the hernia is likely soon to become strangulated. While waiting, ice or warm dressings, enemata, aperients or opiates may be used. Tobacco and curious postures, and shaking the legs up and the head down, and the cupping glasses are more dangerous than the operation which they are intended to avert. For doubtful or partial reduction there is one practical rule—operate if the symptoms of strangulation are not relieved. In cases in which reduction seems complete but the symptoms of strangulation are still present, operate, if you can feel a lump at or near the hernial ring.

Old age and disease may add to the risk of an operation for strangulated hernia, but they must be accepted. A patient must not be allowed to die with a strangulated hernia, if by any means whatever the strangulation can be relieved, and you must not be averted from the operation by the number of deaths that follow it. The deaths after the operation may be fifty per cent., but the deaths due to the operation are not more than two or three per cent.

The remaining lectures on this subject by Sir James Paget are devoted to a description of his several operations for the relief of strangulated hernia, which our space will not permit us to give to our readers.—*The Doctor*.

**MILK AS A DIET DURING LACTATION.** BY R. P. HARRIS, M.D., Pennsylvania.—From a series of trials which I have very successfully made, I have become convinced of the great value of milk as a food for delicate mothers who desire to nurse their own children. By the term "delicate," I do not mean those

actually diseased, or apparently inclined to tubercular or other serious organic affections, but a large class of American women in the higher walks of life, who fail as nursing mothers, either because their milk is too small in quantity, or deficient in nutritive elements. Such women are generally below their proper average in weight; have little, if any, color in their cheeks, and eat but a moderate amount of food. There may not be any deficiency in the development of their mammary glands, although their mammae are usually smaller than they should be; but this is chiefly due to the absence of adipose deposit. All such subjects do not bear a milk diet well; and in such the plan must be abandoned, as the diet should not only agree with the mother, but be palatable so as not to diminish her appetite for her ordinary diet. She should be able to eat her three meals as usual, and consume the requisite amount of milk in addition. There are many women who have lost all their childhood's relish for milk, just as there are sometimes young children who do the same thing, and cannot be made even to try its efficiency. And there are others who are anxious for success, and do make the trial faithfully, but are reluctantly obliged to discontinue the diet in consequence, not of any disrelish, but of an inability to digest it.

Happily, there are also many who not only like the taste of milk, and can continue its use indefinitely, but who experience a wonderful degree of benefit from it, not only being able to nurse their infants, whom they would otherwise have to wet nurse or raise by hand, but greatly improved in health and strength, gaining flesh, increasing in appetite, and avoiding the ills resulting from the drain upon their system, so commonly experienced after a few months of lactation.—*Richmond and Louisville Medical Journal*.

**GOOD FORTUNE OF THE MASSACHUSETTS GENERAL HOSPITAL.**—A few days ago the Treasurer of the Massachusetts General Hospital receipted for the large sum of \$446,000, which was paid to him as the result of a provision of the will of the late John Redman. Mr. Redman died some twenty years since, leaving a will by which the hospital was made the residuary legatee of his estate upon the death of a son who had a life interest in it. The advance in both real and personal estate since that time has increased the value of the legacy from the \$50,000, which the trustees of the institution once expected to receive, to nearly half a million.—*Boston Medical and Surgical Journal*.

IS VACCINE LYMPH CURATIVE AS WELL AS PREVENTIVE?—We find in the *Lancet* for May 25th ult., a communication which appears to open to view a new field in the discussion of the beneficence of vaccination, and which indicates that, under certain conditions, the vaccine lymph may be curative as well as prophylactic of variola. In this communication, Dr. Furley, of Edinburgh, describes his method of operating, and cites cases in his own experience to show that small-pox may actually be aborted by vaccination *after the variolous eruption has appeared*. Success, however, appears to depend greatly on the amount of virus exhibited and on the manner of its introduction to the blood. Dr. Furley thinks that he found that the ordinary method of vaccination, by scarifying the arm, is inoperative to modify the disease in adults, although it will sometimes be effectual in children. He accordingly used the subcutaneous method, at first injecting the lymph with the ordinary hypodermic syringe; but, subsequently, on finding that this process occasionally failed, by means of a hollow needle with a bore sufficiently large to admit a tube of virus. By this latter method the point of the needle is introduced "beneath the skin" and the lymph is blown, he says, from the tube "directly into the blood."

Three cases are reported in which the treatment by vaccination gave good results; the cases being selected indiscriminately from about sixty similar ones. In one, a baby aged one month, unvaccinated, the papular eruption was over the face, hands and legs. Ordinary vaccination was practiced, and in twenty-four hours the eruption had disappeared, except two papules on the face. On the third day these two papules had disappeared and a crop of four-and-twenty developed, chiefly on the head. In three days these had gone. The vaccination itself showed no signs of taking till the tenth day, and was matured on the fifteenth.

In a second case, a girl aged 13 years, vaccinated in infancy, appeared with the papular eruption on the hands and forearms. Two tubes of lymph were injected into the forearm. After three days, there was "nothing to be seen but the inflamed areola" at the point of injection.

Case three was an adult, unvaccinated. Two tubes of lymph injected on the second day of the variolous eruption modified the disease so that a probable confluent form became discrete, and desiccated on the ninth day. There was no areola at the point of injection.

The treatment by vaccine lymph injection is more effectual, according to Dr. Furley, the earlier it is practiced, and it is more successful in the youthful than in the adult period of life. Five unfavorable cases out of sixty are reported, in three of which the prognosis was bad from the beginning and in two death was unlooked for.

We regret that Dr. Furley does not describe more particularly the method of his injection of lymph—to what depth the needle is introduced into the tissues, and whether the lymph is all injected into a single puncture. It would also be interesting, in view of certain recent experiments in hypodermic vaccination, to know more in detail the appearances presented by the vaccination itself, *as modified by the method resorted to, or by the variola, or by other unusual conditions present in such cases.*—*Boston Medical and Surgical Journal.*

SUBCUTANEOUS INJECTION OF MORPHIA AND CHLOROFORM.—In *El Progreso Medico*, April 1, we see it mentioned that Dr. Nussbaum has, from a desire to lessen the dangers of chloroform by diminishing the dose necessary to obtain anaesthesia, made use of subcutaneous injections of morphia simultaneously with chloroform inhalation. The combination of the two substances, it seems, has been studied by Claude Bernard with good results, and has been applied to surgery, and also in obstetrics. From experiments made by MM. Labbe and Goujon, of which an account was given to the Academy of Sciences (*Gaz. Med. de Paris*), it results that by making an injection of small doses of morphia before giving chloroform, we obtain a far longer sustained anaesthesia, with very little chloroform; and it is certain that the dangers of this medication are in direct relation with the quantity breathed by a patient. This is a great step, says the *Progreso Medico*, since great risk is spared to the patient, whilst at the same time the local and general sensibility of the patient is lessened.—*The Doctor.*

ELECTRO-THERAPEUTIC CURE OF CATAPLEPSY.—Dr. Holst, of Riga (*Dorpat Med. Z.*, 1872), mentions a case of a girl, aged seventeen, who was affected with cataleptic symptoms so bad as to be confined to bed, perfectly rigid, took no food, and was unconscious for a fortnight. By means of passing the constant current, 30 elements, through the vertebrae of the neck and back, she gradually recovered. The author considers that catalepsy is a spinal reflex excitability.—*Ibid.*



**HYPODERMICAL INJECTION IN OBSTETRICAL OPERATIONS.**—In the *Independent* we find a quotation from the *Lyon Medical* as follows: "We know how difficult the complete evacuation of the amniotic liquid and the spasmodic contraction of the uterus render the execution of version. To favor the manœuver the use of chloroform is recommended; but if some practitioners have found this of use, others have obtained no advantage from it. Dr. Melvin Rohrer has added a method which has also been most successful in the practice of Dr. Brown, of Vienna, that is, the subcutaneous injection of morphine. In the case of a woman aged thirty, robust and of good health, and who had already given birth to three children without the aid of the obstetrician, three hours had passed since the waters burst, the belly was tense and sensitive to pressure, the pains returned with short intervals, whilst the exploration of the vagina was painful. An arm of the fœtus, violet and swollen, was in the vagina, and the corresponding shoulder was deeply wedged into the cavity of the pelvis. The patient was prostrated from pain. One-sixth of a grain of morphia was injected at the level of the linea alba at an equal distance between the umbilicus and pubes. Five minutes afterward the spasmodic contraction of the uterus was sensibly weaker, the intervals between the pains longer, and in twenty minutes there was complete calm; the uterus was soft, relaxed, and the shoulder became movable in the pelvis. Version was easily performed in a short time, and the fœtus was extracted without uterine contraction. Some slight frictions on the abdomen aided in the extraction of the placenta and the case did well."—*The Doctor*.

**A NEW METHOD OF ARRESTING EPISTAXIS.**—Dr. F. Marin, of Geneva (*Journal de Med. et de Chir. Prat.*, May, 1872), has discovered a new and simple method of arresting hæmorrhage from the nasal cavity. It consists in applying pressure to the facial artery at a point immediately beneath the ala of the nose, where the vessel can be pressed against the maxillary bone. In epistaxis the hæmorrhage is usually confined to the anterior third of one of the nasal fossæ, and as pressure upon the facial artery causes a diminution in the flow of blood to this cavity, the hæmorrhage is arrested almost immediately, and this proceeding is therefore recommended as preferable to that of plugging the posterior nares by the aid of Belloc's sound, in attempting which the surgeon is generally pretty thoroughly smeared with blood, and is not unfrequently bitten. Dr. Marin has had occa-

sion to give numerous trials to this method suggested by him, and has generally found it effective. In two instances where it failed, plugging the posterior nares was attended with like result.—*Boston Medical and Surgical Journal*.

**RESPIRATORY MURMURS.**—At a recent meeting of the New York Academy of Medicine, Dr. James R. Leaming read a paper on "Respiratory Murmurs," intended to show its composite character. Referring to the anatomy of the tissue of the lungs and bronchial system, he calls particular attention to the circulations in the bronchial system; the bronchial arteries are attended by venæ comites only so far as the bronchial tubes extend, and not into the true pulmonary structure, consequently the blood which goes to nourish this structure does not return to the heart as venous blood, but is aerated in the air vesicles and returned by the pulmonary vein as arterial blood to the right side of the heart. Occupation of the air-sacs by tubercle interferes with the circulation of the nutrient artery, and blood is thrown back upon the bronchial artery, resulting in bronchoragia—a conservative act, for, like the application of leeches, it sets the absorbents actively at work to remove the cause. In this way cases of early phthisis are self-cured, or, at all events, ameliorated, and the physician is guided in his treatment. After some further comments on this manner of circulation the writer goes on to speak of the residual air in the lungs, and that it has no more motion than the water in the bottom of the ocean—the air in the air-cells is purified by the laws of the diffusion of gases. Hence, any theory of vesicular murmur or crepitant rale which ignores the existence of this residual air must of necessity be incompetent. The respiratory murmur consists of two sounds: the first, the motion of the tidal air in the bronchæ; the second, due to the contraction and dilatation of the muscular (?) fibers of the lung substances; the first is intermittent, the second continuous, and may be heard best when the breath is held. This, the true respiratory murmur, only begins to be developed after eight years of age, becomes recognizable at twelve, and is only fully developed at maturity. *The Broncho-Respiratory Murmur.*—The sound produced by the tidal air may be heard by forcing the respiration, thereby increasing the velocity of the air in the bronchial tubes and the loudness of the sound. It is heard most perfectly, however, in children before the true respiratory murmur begins.—*The Doctor*.

**TREATMENT OF ARTICULAR RHEUMATISM BY ICE.**—In the *Gaz. Med. de Strasbourg*, Feb., 1872, we notice that Dr. Esmarch published in the *Langenbeck's Archiv* about 1861, some observations on this subject. In the past winter there presented themselves in the ambulances four cases of acute rheumatism, which were treated by means of ice alone. In the first there was great pain in the joints of the feet; during the day the affection extended to the knee-joints, where ice was locally applied. On the morrow, the superior extremities were also affected with pain, the pulsations of the heart were weak, and the first sound accompanied by a murmur. All the painful articulations were covered with bladders containing ice. On the fourth day the pain had almost disappeared; on the fifth the pulsations of the heart were normal; on the sixth there were no longer any local symptoms; on the seventh the fever had ceased.

Two other cases were similarly followed by equally favorable results in the space of four days. In a fourth case ice was not used until the fifth day, but in four days after this the pain had disappeared with all other symptoms. Before the ice was applied the temperature increased gradually, but after its application it gradually became lowered. The author says he would not hesitate to use ice even in cases of gout; and as to the metastasis of rheumatism to the brain, he considers this to be the effect of the temperature. At Kiel there was received into the hospital a patient with rheumatic delirium, and with a temperature of 43° C. He was immersed in water, and a cure took place. The application of ice should be continued until all symptoms disappear. The author is convinced that when the prejudice against the use of ice is overcome, it will be used often in acute joint affections. Ice-bladders should be used, and not cold compresses, as Priestnitz did.—*The Doctor*.

**NEW YORK STATE INEBRIATE ASYLUM, BINGHAMTON, N. Y.**—The annual report of the Superintendent and Physician, for the year 1871, has come to hand. Number of patients received since the Asylum opened, May 1, 1867, 1,017. Number of Patients in Asylum January 1, 1871, 71. Patients admitted since January 1, 1871, 244. Patients treated, 315, and 230 discharged. Present number of patients, 85. Of the 230 discharged, 184 were discharged with great hopes of a permanent reformation. Discharged unimproved, 46. Of 244 admitted during the past year, 226 used tobacco, 149 were married, and 95 were single men. Age of the oldest patient, 63; of

the youngest, 19; average age, 36. Deaths, none. 147 were constant drinkers, and 97 periodical drinkers. 165 drank whiskey; 64 indulged in brandy, gin and wines; 15 used opium. New York City contributed 27 patients; Brooklyn and other parts of the State 90; Connecticut, 11; New Jersey, 10; Ohio, 10; Pennsylvania, 18; Canada, 12; and Massachusetts, 9. Of the occupations, 19 were book-keepers; 29 were clerks; farmers, 15; lawyers, 25; merchants, 45; manufacturers, 14; physicians, 6; 21, no occupation. Daniel G. Dodge, M.D., about two years ago was placed in charge as Superintendent and physician of the Asylum. He is ably assisted by Mr. Carroll Hyde, Secretary, a former patient of the Institution. Dr. Willard Parker is the popular *President*; Wm. C. Wey, M.D., *First Vice-President*; George Burr, M. D., *Second Vice-President*.

**TREATMENT OF SCABIES BY STORAX, BALSAM OF PERU, AND CARBOLIC ACID.**—Dr. V. Rothmund, Sen., of Munich (*Aert. Intell. Bl.*, 1871), mentions a mixture of two ounces of storax, olive oil one ounce, as an excellent and cheap remedy in itch, only that its scent is not good. Balsam of Peru is an excellent remedy in scabies. It contains cinnamic acid and ammonia. It is doubtless the best of all local remedies in itch, because the insects die more rapidly in pure balsam of Peru; it easily enters the skin, and baths are not required beforehand. A rubbing-in of about 40 tr. of Peruvian balsam is all that is required; repeated four or five times in the twenty-four hours suffices for a cure. Nine grammes are sufficient for an adult to rub in, and no bath is previously required. Dr. Rothmund also recommends the carbolate of sodium in quantities of half an ounce in six ounces of water applied to the affected parts thrice daily. This effects a cure in two days and a half.—*The Doctor*.

**VIRGINIA STATE BOARD OF HEALTH.**—The newly established State Board of Health of Virginia was organized at Richmond, May 18th, by the choice of Prof. S. L. Cabell, of the University of Virginia, as President, and of Dr. L. S. Joynes as Permanent Secretary. The Board consists of seven members, all physicians. Among the matters brought before the meeting for immediate action was the subject of vaccination and re-vaccination, with special reference to compulsory legislation. Virginia is the second State to follow the example of Massachusetts in the institution of a Board of Health.—*Boston Medical and Surgical Journal*.

**LOCAL TREATMENT OF SMALL-POX.**—A writer in the London *Lancet* recommends the local application of liq. calc. sulph. in this disease, and reports great success therewith. We doubt its efficacy, as well as that of any other local application, but at the same time we are willing that others should try his method of treatment. He reports as follows:

"A boy of some ten or eleven years of age, who on Sunday last first showed the papular rash *very thickly* spread over the face, and fairly abundant over the body, whose primary fever had been very violent, with wild delirium, had the lotion applied over the whole body. I saw him yesterday (Wednesday), and found him quite well; the papules remained papules, and proceeded no further in development, but showed minute crusts on the surface of each papule, and where several were clustered together, and would evidently have become confluent, they remained in *statu quo*, arrested and destroyed. I am quite confident that had the disease been allowed to have its course, a serious and anxious case would have resulted; but by aid of the liq. calc. sulph. he is now in good health, with good appetite, and anxious to be up and down stairs.

"The boy's father took the disease while nursing a friend, and when I saw him the papules were becoming vesicles. By the application of the liq. calc. sulph. they *immediately* became pustular and died away; but he tells me he has had no scabs, and, having seen the course of the disease in his friend, is astonished and delighted with the lotion, and, therefore when, upon recovery, his son and wife were attacked, he immediately applied the lotion in the papular stage, with the remarkable result already stated."—*Medical Herald.*

**TO TEST GREN PAPER FOR ARSENIC.**—We have been asked for a simple method of doing this. The tests for arsenic, strictly so called, are suited only to laboratory use, but since it is the arsenite of copper that is employed for the poisonous green colors, a test for copper is sufficient for ordinary purposes. Put a drop of aqua ammonia on the suspected paper, and if it changes the color to blue, you may be sure that copper is there, and almost as sure that arsenic is present also. There is not one chance in a hundred that a more critical examination would lead to a different conclusion. At any rate, we advise our readers not to use any paper on the walls of their houses, or for any other purpose, if this simple test makes its character suspicious.—*Boston Journal Chemistry.*

A MEDICAL CONGRESS, which is to be opened at Lyons on the 18th of September, is to be the medium of discussions upon the following subjects:—1. Epidemics of Small-pox. 2. Gun-shot Wounds. 3. Ambulances in Time of War. 4. Cattle-Plague and the Contagious Typhus of Cattle. 5. The Causes of the Decrease in the Population of France, and the means of arresting it. 6. The Treatment of Syphilis. 7. The Reorganization of Medical and Pharmaceutical Education in France. 8. The Means of Improving the Social Position of Medical Men.

**DEATH FROM THE PRESENCE OF A PIECE OF NEEDLE IN THE HEART.**—The *Cincinnati Lancet and Observer* states that at the post mortem examination of Miss Hoag, of Evanston, Ill., it was found that death was caused by the presence of a piece of needle in the heart. The needle was driven in by a sudden fall when she was about seven years old. The portion of needle extracted was about an inch and one-eighth long and of large size. The Editor remarks, "How life could have existed after it entered the heart, is a mystery even to medical men."

**COMPARATIVE MORTALITY OF PHTHISIS IN DIFFERENT STATES.**—Dr. Constantin Paul (*Rev. de Therap.*) mentions that in France the mortality from consumption is 10 per cent., whilst in Paris it is 13.4 per 100. If the statistical records of other countries are credible, in Rome it is 6 per 100; in Naples, 8; in Venice, 8; in Turin, 9; in Geneva, 9.7; in England, 11; in Belgium, 16; in Berlin, 17.5; in Vienna, 20; in Hamburg, 22; and in Boston, U. S., it is 23 per cent. In general, the mortality from phthisis is less in temperate climates.—*The Doctor.*

**DR. GAUSTER, OF VIENNA, ON CHLORAL HYDRATE.**—In the current number of the *Mémorabilien*, Dr. Gauster mentions a case of tetanic spasms in a woman pregnant five months, which he succeeded in successfully treating by subcutaneous injection of morphia, and one drachm of chloral given in Liebreich's formula. In seven days of treatment the attacks of tetanus were arrested.—*Ibid.*

**A PALPABLE HIT.**—The *Boston Medical and Surgical Journal*, one of the very best of our exchanges, is responsible for the following thrust at the legal fraternity:

"The Criminal Code admits a new form of indictment in these latter days: Assault with intent to become insane."—*Medical Herald.*



IS SUICIDE A SIGN OF INSANITY?—In the Superior Court of Baltimore, a verdict has been rendered against the Germania Life Insurance Company, of New York, for \$2,000, the amount of a policy on the life of Lewis Fallman, who committed suicide in 1871. It was held the company was liable if the jury found the deceased had killed himself in a fit of insanity.

Such companies hold it *priori* evidence of insanity to commit suicide. Such a view is inconsistent with history and experience. Time was, when it was held an honorable thing to do, as witness the ancient Romans and Japanese. It depends on theoretical views of life and death whether it is or is not a rational and sensible act under many circumstances. These considerations have never been more forcibly put than in Hamlet's soliloquy, commencing, "To be, or not to be."—*Med. and Surg. Rep.*

THE LUNG TEST.—M. Poucet showed, at a meeting of the Lyons *Société des Sciences Médicales*, the lungs of a fetus prematurely born. The child had cried, breathed, and lived an extra-uterine life of ten hours; but the lungs sank completely in water, as if no respiration had taken place. Other cases of the same kind have been related by other observers, showing the insecurity of the lung test in forensic medicine.—*Lancet.*

### Book Reviews.

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That there is need in this country of a medical library of this character is sufficiently evident from the fact that in all the public medical libraries of the United States put together, it would not be possible to verify from the original authorities the references given

by standard English or German authors. No complete collection of American medical literature is in existence; and the most complete in this country is in private hands, and not accessible to the public; while every year adds to the difficulty of forming such a collection as the government should possess. The books are now safely and conveniently arranged in the fire-proof buildings of the Army Medical Museum, and are accessible to the public under rules and regulations essentially the same as those for the Library of Congress.

There is also a pamphlet supplement accompanying the catalogue, giving a list of the American Medical Journals, and the numbers which are wanting to complete the files of the Library.

Memoranda on Poisons, by the late Thomas Hawkes Tanner, M.D. F. L. S.: Lindsay & Blakiston, Philadelphia. Price 75 cts.

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Dr. Rigby's Obstetric Memoranda. Fourth Edition; Revised and Enlarged by Alfred Meadows, M. D. Philadelphia: Lindsay & Blakiston. Price 50 cts.

This little pocket memorandum book is already well known through its former editions. The changes made in the present edition are sufficiently explained in the following extract from the preface: "The fact that this little book was originally written by the late Dr. Rigby, and that three large editions have been exhausted, is sufficient to justify the issue of a new edition which I have had pleasure in revising. I have ventured to alter the arrangement in some important particulars, to add some new matter, and to omit some of the old, hoping thereby to further the original intention of the author, by making the book as practically useful as possible."



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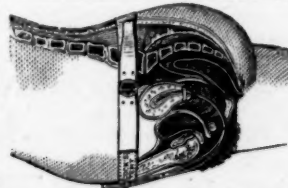
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